

				1	Reporting Period														
				Important: Read all instructions before completing form				From January 1 to December 31, _____				Page _____ of _____							
KANSAS		2		Facility Identification				2a		New Facility 9 Yes 9 No				3		Owner/Operator Name			
EPCRA		Name				Name				Phone ()									
TIER II		Street/Legal Desc.				Address													
Emergency		City		County		State		Zip		City		State		Zip		Country			
and Hazardous		Nearest Cross Street				Submitter													
Chemical		Phone ()		SIC Code _____		Dun & Brad # _____													
Inventory		Send correspondence to: ' Facility Address ' Owner/Operator Address ' Either				5				Please Indicate as Appropriate									
4		Emergency Contacts				" Section 302				" Section 311				" Section 312					
1. Name		Title				" Initial Submission				" Update				" Check if information is identical to last year					
Phone ()		24 Hr. Phone ()				For Official Use Only													
2. Name		Title																	
Phone ()		24 Hr. Phone ()				Facility ID #				Parent ID #				Entered By					
6a		Chemical Description				6b		Mixture Component Information				6c		Storage Codes and Locations					
								If you checked Mix - Please complete this section						(Non-Confidential)					
CAS Secret " _____ Trade		Mixture Component		Percent		CAS #													
Chemical Name:																			
Chemical Form																			
Check all that apply: " " " " " "								Inventory (In Pounds)											
EHS Solid Liquid Gas Pure Mix																			
Chemical Hazards								Maximum Daily Amount											
Check all that apply: " " " " " "																			
Fire Pressure Reactive Delayed Immediate								Average Daily Amount											
								Number of Days on Site						G Optional					
7		Certification (Read and sign after completing all Sections)				8		Optional Attachments											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals response for obtaining the information, I believe that the submitted information is true, accurate and complete.						" I have attached a site plan.				" I have attached a list of site coordinate abbreviations				" I have attached a description of dikes and other safeguard measures					
Name and official title of owner/operator's authorized representative		Signature		Date Signed															